

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	76534	07-21-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SK	JC809	8/29/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	12-12-01
2	12-12-01
3	12-12-01
4	12-12-01
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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